Faculty must complete this form and return 1 business day prior to exam to the Testing Center (S166) or via email at Clermont.Assessment@uc.edu.

Student Name: ________________________________

Course Title and Number: ______________________

Instructor Name: ______________________________

CLASS Time Allotted for Quiz/Test/Exam: ________ (hours/minutes)

Student must complete quiz/test/exam by:  

Date ________________  Time ____________

Student May Use (Please Circle):

Textbook  Notes  Dictionary

Calculator  Formulas  Other ________________

Special Instructions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Method of Test Return: (*If no method selected, test returned to faculty mailbox)

___ Return to faculty mailbox

___ Student delivers in sealed envelope to my: □ Mailbox  □ Class

___ Instructor Picks Up

___ Other: __________________________

FOR TESTING CENTER STAFF ONLY

Time Student Started Exam: ________________  Projected Finish Time: ________________

Time Student Finished Exam: ________________  Exam Returned By: ________________